

Waste Management Division

Solid Waste Incinerator Inspection Form

A. GENERAL INFORMATION					
FACILITY NAME:					
PERMITTEE NAME:					
PERMIT #:					
PERMIT TYPE: Standard Permit-by-Notification Other:					
FACILITY TYPE: Incinerator Demolition Debris Compost Medical Waste Other:					
FACILITY LOCATION:					
DATE OF INSPECTION:					
NATURE OF INSPECTION: Routine Re-inspection Requested Complaint					
INSPECTOR:					
FACILITY CONTACT:					
HAS AN ADMINISTRATIVE ORDER BEEN ISSUED TO THE FACILITY: Yes No					
ADMINISTRATIVE ORDER(S) #:					
STATUS OF ADMINISTRATIVE ORDER(S):					
B. WASTE TYPES MANAGED					
Waste types managed at the facility [Yes = \boxtimes ; No = \square]					
(1) MSW					
☐ tires ☐ certified waste derived products ☐ ash ☐ other:					
Does the facility generate any of the following as bypass waste(s)? [Yes = \boxtimes ; No = \square]					
(2) asbestos electronics fluorescent bulbs batteries motor oil antifreeze					
metal plastic other:					

C. WASTE HANDLING & STORAGE AREAS					
	Are the wastes in each area being properly managed? [Yes = \boxtimes ; No = \square]				
(1)	☐ MSW ☐ ash ☐ C&D ☐ regulated medical ☐ certified waste derived products				
	☐ tires ☐ commercial ☐ metal ☐ contaminated soil ☐ food ☐ other:				
	Are the following bypass wastes properly managed? [Yes = \square ; No = \square]				
(2)	asbestos electronics batteries antifreeze motor oil fluorescent bulbs				
	metal plastic other:				
	Are stockpiles located, sized and configured:				
(3)	☐ to be stable ☐ to provide access for fire control ☐ to prevent physical injury/destruction of property				
	to prohibit precipitation from collecting in the area to prevent fire to prevent ground/surface water contamination				
(4)	Are the quantities of waste stored on-site within limits established in the facility's permit? [If no, specify which waste(s):,				
(5)	Are these areas managed in a manner that is safe and protective of the environment and public health? [If no, specify which waste(s):				
(6)	Are putrescible wastes properly managed? Yes No N/A				
(7)	Are recyclables being managed to preserve their market value? [If no, specify which waste(s):,,				
(8)	Are legible signs used to delineate each area?				
(9)	Is access to non-public areas adequately restricted by the use of signs and/or barriers Yes No N/A				
(10)	Does the facility contain any wastes for which it does not have arrangements for removal to an authorized facility? [which waste(s) are being removed:,,]YesNoN/A				
(11)	Other:				
(12)	Other:				
D. GENERAL OPERATIONS					
(1)	Do the roads and access ways allow for safe movement of residential, light commercial and bulk transport vehicles, and people into and throughout the facility? [Circle the appropriate vehicle type]				
(2)	Are roads and access ways suitable for residential and bulk transport vehicles?				
(3)	Is unauthorized access adequately restricted to non-public areas? Yes No N/A				
	Are legible signs posted at the facility's entrance? [Information provided = \(\subseteq \); No = \(\subseteq \)] \[\text{ name } \subseteq \text{ permit # } \subseteq \text{ phone # } \subseteq \text{ permittee address } \subseteq \text{ facility hours } \subseteq \text{ waste types } \subseteq \text{ unlawful dumping statement} \]				
(4)					

(5)	Do signs adequately assist people in managing their wastes?	□Yes □No □N/A	
(6)	Is the facility managed in a manner that minimizes litter, dust, odors, vectors, spills, fire, noise and other hazards? (If no, circle those that are not managed properly)		
	Are there any impacts to abutting properties as a result of facility activities?	Yes No N/A Yes No N/A	
(7)	[If yes, identify impacts: odor staining noise litter other:		
(8)	Are there controls in place to manage storm run off?	☐Yes ☐No ☐N/A	
	Are there any waste-derived products generated at the facility?	Yes No N/A	
(9)	type: use:		
	type: use:		
	type: use:		
	Did any of the waste-derived products generated at the facility not meet a required specification?	☐Yes ☐No ☐N/A	
(10)	problem: solution:		
	Problem: solution:		
(11)	Does the facility maintain records for those waste-derived products used for land application?	□Yes □No □N/A	
(12)	Other:		
(13)	Other:		
	E. OPERATOR REQUIREMENTS/POSTINGS		
(1)	E. OPERATOR REQUIREMENTS/POSTINGS Are operator certifications posted?	□Yes □No □N/A	
(1)			
	Are operator certifications posted?		
(2)	Are operator certifications posted? Are all persons who operate the facility certified by either issued certification or interim certification.	? Yes No N/A	
(2)	Are operator certifications posted? Are all persons who operate the facility certified by either issued certification or interim certification. Does the facility's most senior operator(s) have a Level III or IV certification?	Yes	
(2) (3) (4)	Are operator certifications posted? Are all persons who operate the facility certified by either issued certification or interim certification. Does the facility's most senior operator(s) have a Level III or IV certification? Is there at least one supervisor for every 5 operators?	Yes No N/A Yes No N/A Yes No N/A	
(2) (3) (4) (5)	Are operator certifications posted? Are all persons who operate the facility certified by either issued certification or interim certification. Does the facility's most senior operator(s) have a Level III or IV certification? Is there at least one supervisor for every 5 operators? During operations, are at least half of the operators certified with Department issued certifications?	Yes No N/A Yes No N/A Yes No N/A	
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(2) (3) (4) (5) (6)	Are operator certifications posted? Are all persons who operate the facility certified by either issued certification or interim certification. Does the facility's most senior operator(s) have a Level III or IV certification? Is there at least one supervisor for every 5 operators? During operations, are at least half of the operators certified with Department issued certifications? Other:	Yes No N/A Yes No N/A Yes No N/A	

(3)	Is there a copy of the facility's Closure Plan on site?	□Yes □No □N/A			
	Have there been any reportable incidents at the facility in the past year? [Yes = \square ; No = \square]				
(4)	slip/trip/fall spill fire other:				
(5)	Has the permittee provided incident reports to the Department?	□Yes □No □N/A			
(6)	Have there been any complaints made by abutters or others involving facility operations?	□Yes □No □N/A			
(7)	Has the permittee provided complaint reports to the Department?	□Yes □No □N/A			
(6)	Does the permittee maintain records at the facility? [Yes = □; No = □] □ operations □ incidents □ complaints □ other:				
(7)	Does the facility have a scale? If not, how is volume or weight determined?	□Yes □No			
(8)	Source(s) of waste accepted? [Yes = \boxtimes ; No = \square] residential \square commercial \square in-state only \square out of state	other:			
(9)	Does the permittee maintain records of out of state wastes managed at the facility?	□Yes □No □N/A			
(10)	Has the permittee filed its annual facility report for the prior calendar year?	□Yes □No □N/A			
(11)	Does the permittee maintain records on the quantity, type, source and destination for the following	$log: [Yes = \square; No = \square]$			
(11)	Freon bypass waste residual waste other:				
(12)	Other:				
(13)	Other:				
G. NOTES/COMMENTS					